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PABST PATENT GROUP

NO. 4569 P. 1

PABST PATENT GROUP

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## TELEFAX

Date: June 15, 2005 Total pages: 26 (including fax cover sheet)

To: USPTO Telephone: Telefax: 703-872-9306

From: Patrea L. Pabst Telephone: 404-879-2151 Telefax: 404-879-2160

Our Docket No. CMCC 779  
Your Docket No. Client/Matter No. 078856 - 00047

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### MESSAGE:

#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Samy Ashkar

Serial No.: 09/981,845 Art Unit: 1647

Filed: October 18, 2001 Examiner: Regina M. Deberry

For: *OSTEOPONTIN-COATED SURFACES AND METHODS OF USE*

**Attachments:** Transmittal Form PTO/SB/21; Fee Transmittal Form PTO/SB/17; Amendment and Response to Office Action; seven (7) references; authorization to charge Deposit Account No. 50-3129; Certificate of Mailing

{45057563.1}

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031  
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TRANSMITTAL  
FORM

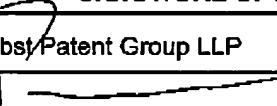
(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission

Application Number	09/981,845
Filing Date	October 18, 2001
First Named Inventor	Samy Ashkar
Art Unit	1647
Examiner Name	Regina M. Deberry
Attorney Docket Number	CMCC 779

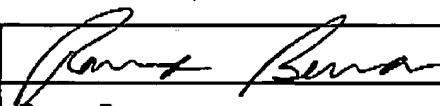
ENCLOSURES (Check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>five (5) references</b>	
Remarks			

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Pabst		
Date	June 15, 2005	Reg. No.	31,284

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Ronna Berman	Date	June 15, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

**FEE TRANSMITTAL  
For FY 2005** Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$0.00)

**Complete If Known**

Application Number	09/981,845
Filing Date	October 18, 2001
First Named Inventor	Samy Ashkar
Examiner Name	Regina M. Deberry
Art Unit	1647
Attorney Docket No.	CMCC 779

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

Fee (\$)	Small Entity Fee (\$)
----------	-----------------------

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
	6 - 20 or HP =	0 x			Fee (\$)	Fee Paid (\$)		

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims		Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)
	1 - 3 or HP =	0 x			Fee (\$)	Fee Paid (\$)		

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

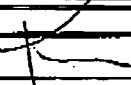
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 =	_____ / 50 =	(round up to a whole number) x	_____ =	_____

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: \_\_\_\_\_

Fees Paid (\$)**SUBMITTED BY**

Signature		Registration No. 31,284 (Attorney/Agent)	Telephone (404) 879-2151
Name (Print/Type)	Patreo L. Pabst	Date June 15, 2005	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PABST PATENT GROUP

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Sammy Ashkar

Serial No.: 09/981,845

Art Unit: 1647

Filed: October 18, 2001

Examiner: Regina M. Deberry

For: *OSTEOPONTIN-COATED SURFACES AND METHODS OF USE*

Commissioner for Patents  
P.O. Box 1450  
Arlington, VA 22313-1450

**AMENDMENT AND RESPONSE TO OFFICE ACTION**

Sir:

Responsive to the Office Action mailed on March 17, 2005, please amend the application as follows.

It is believed that no fee is required with this submission. However, should a fee be required, the Commissioner is hereby authorized to charge the fee to Deposit Account No. 50-3129.